When adding a QI/QA project into iRIS log into your iRIS account. If you do not have an iRIS account please see the reference document titled "How to request an iRIS account", if you have forgotten your username and/or password please contact <u>CHRISTUS.IRB@christushealth.org</u>.

Once you have logged into iRIS please click on "Add New Study" (if your screen looks different from the below image please look at the menu on the left side of the page and hover over "Study Assistant" then click on "Add New Study".



Then click on QI/QA Project Application and "Start Selected Application"

		Cancel and Return Garcel Application
Ple	ase select a New Study Application from	the list below:
	Form Name	Form Description
0	Research Application	CHRISTUS Health Research Application: Upon submission this application will go to the Regional Feasibility Committee in your region. After feasibility approval, it will be for charge a comparison of the compari
0	QI/QA Project Application	CHRISTUS Health QV/QA Project Application: Upon submission, this application will go directly to the CHRISTUS Health IRB (no feasibility review) where it will be reviewed to if it is research or not based on 45 CFR 46.102(d). If it is deemed research, a new application will have to be submitted by selecting "Research Application" on this page.
0	Preparatory To Research	

Complete the section for the study title and the study alias. Then click on Save and Continue to Next Section

		Save Section	Save and Continue to Next Section
Section view of Application	Entire view of the Application		
1.0 🗈 General Information	1.0 General Information		
	* Please enter the full title of your study:		
	Title of Project		
	* Please enter the Study Alias you would like to use to reference the study:		
	The "Nickname" that you have given your study/ x * This field allows you to enter an abbreviated version of the Study Tille to quicky identify this site		?

On the next screen click on Save and Continue to Next Section

			Reprint Friendly	Save Section	Save and Continue to Next Section
Section view of Application	Entire view of the App	vlication			<u> </u>
1.0 General Information					
2.0 Setup Facility Name(s)	2.0 Add Facility	Name(s)			
Access	2.1 This field is defau	ted to CHRISTUS Institute for Innovation and Advanced Clinical Care. You can leave this default choice, simply recognizing this study will go through our process.:			
				-	
	Primary Dept?	Department Name		Add 🔂	Remove
		CH - CHRISTUS Institute for Innovation and Advanced Clinical Care			

Please add the Principal Investigator for the project.

If Sub-Investigators are on the study please add them to this section.

If research staff will be utilized they are added on this page (including Facilitators, Regional Managers, Coordinators, etc.)

Add the study contacts on this page as well. These are people that will receive iRIS notifications and Outcome letters.

<u>PLEASE REMEMBER ALL STUDY/PROJECT PERSONAL THAT WILL BE ADDED TO</u> <u>THE STUDY MUST HAVE AN IRIS ACCOUNT AND SUBMIT THE REQUIRED</u> <u>DOCUMENTATION.</u>

		Reprint Friendly	Save Section	Save and Continue to No	act Section
Section view of Application	Entire view of the Application				
1.0 General Information					
2.0 Setup Facility Name(s) Access	3.0 Assign key study personnel (KSP) access to the study				
3.0 Grant Key Personnel	3.1 * Please add a Principal Investigator for the study:				
access to the study			> 🖸	Add User	
	3.2 If applicable, please select the Research Staff personnel:				0
	A) Additional Investigators	_	<u> </u>	Add User 🔂 Add Group	
	0) Research Support Staff			Add User 🔂 Add Group	
	3.3 * Please add a Study Contact:				
	The Study Contact(s) will receive all important system notifications along with the Principal Investigator. (a.g. The study contact(s) are typically either the Study Coordinator or the Principal Investigator themee	ves).		Add User	

Once all staff has been added please click on Save and Continue to Next Section

		Print Friendly	Save Section	Save and Contin	Je to Next Section
Section view of Application	Entire view of the Application			A	
1.0 General Information					
2.0 Setup Facility Name(s)	3.0 Assign key study personnel (KSP) access to the study				
a ccess	3.1 * Please add a Principal Investigator for the study:				
access to the study	Demo PI		🔂 Add User		J
	3.2 If applicable, please select the Research Staff personnel:				8
	A) Additional Investigators		🔂 Add User	Add Group	Remove
	PI2, Demo Sub-Investigator V				
	B) Research Support Staff		C Add User	🛟 Add Group	😢 Remove
	P12, Demo Regional Director				
	3.3 " Please add a Study Contact:				
	PI, Demo		🛟 Add User		Remove
	The Study Contact(s) will receive all important system notifications along with the Principal Investigator. (e.g. The study contact(s) are typically either the Study Coordinator or the Principal Investigator themselv	ves).			

Please select the CHRISTUS Health Region the study/project will take place in.

Answer if CHRISTUS Health will be the IRB of record – if you answer no – you will be required to provide the name of the IRB of record.

Complete the section for facility name.

Click on QA/QI Project, the page will expand and nine questions will need to be completed. Once all questions are answered click on Save and Continue to Next Section

		Rint Friendly	Save Section	Save and Continue to Next Section
Section view of Application	Entire view of the Application			
1.0 B General Information 2.0 B Setup Facility Name(s) Access 3.0 B Grant Key Personnel access to the study	4.0 CHRISTUS Health QI/QA Project and Case Report/Study Application Request For Determination Research vs. Quality Improvement vs. Case Report/Study			
4.0 🗎 QI/QA Project Application	4.1 * Which region is the QI/QA or Case Report/Study project being proposed in?			
	Louisiana and Southeast Texas (L/JSETX) New Mexico (049) Northeast Texas (NETX - Torankana) Northeast Texas (NETX - Torankana) South Texas (STX - Spatha) South Texas (STX - Spatha) Sudu Texas (STX - Spatha)		Ø	
	4.2 * Is CHRISTUS Health IRB the IRB of record for your study?			
	Ores ® ho 4.3 * Please choose the IRB of record in your region:			
	Schulman V			
	4.4 * What is the facility name where the QI project or Gase Report/Study will be performed?			
	St. Frances Oatorini			
	4.5 * Is this a QI/QA Project or Case Report/Study?			
	QA/QF Project Case Report/Study			

Please answer the questions regarding PHI. Remember to click on Save and Continue to Next Section before continuing to the next page.



Please review the information on the next few screens making sure to click on Save and Continue to Next Section between pages.

Once you come to the Master Document Upload Page <u>PLEASE UPLOAD THE</u> <u>WRITTEN PROJECT PLAN, DATA COLLECTION FORMS, SURVEYS, AND ANY OTHER</u> <u>STUDY RELATED INFORMATION</u> you can also upload your <u>signed and dated</u> CV/Resume and medical license or certifications and Sub-Investigator conflict of interest forms (if applicable) here as well. Once all documents are loaded please click on Save and Continue to Next Section.

Failure to submit project documentation will result in adelay in IRB review and stipulations being sent to thePrincipal Investigator and study contacts by the IRB

Section view of the Form	Entire view of the Form
0 🖻 Application Summary 0 🗟 Application Attachment 0 🖻 Haster Document Upload	3.0 Master Document Upload 3.1 Attach the Sub-Investigator Conflict of Interest document(s) (if applicable), can download the form from the CRI website here. Master Document Master Document Master Document Detective Verwing Detective Verwing Detective Interest Outcome Checked Out Verwing Detective Interest Outcome
	Attach any study documents to the study packet: Examples would include with the study packet: Examples would include your full Study Protocol, Drug Brochurss, Sponsor Information, Other IRB Approval Documents, or any other miscellaneous documents.
	Detach Version Title Category Patien Date Decoment Outcome Checked Out Decoment No Document(s) have been attached to this form.

Once the form is completed and all documents have been uploaded please sign off on the submission and submit the form to the IRB.

IF you are the Principal Investigator please click on Signoff and Submit.

If you are *not* the Principal Investigator please follow the instructions further down the page.

	Crinit Friendly	Signoff and Submit
Section view of the Form	Entire view of the form	
1.0 Application Summary	Form has been Completed!	
3.0 🖻 Master Document Upload	Instruction of Form has Been Completed Screen	
	Exit form	

Click on "no" and the Save and Continue



To sign off on the submission click on Approve, enter iRIS user name/ID and password, then click on Save Signoff.

		Save Signoff
Study Title:	afsdf	
Submission Reference Number:	000294	
		Printable Version
	Include	
	in Submission Component Name - Version PDF Packet PDF P	
Submission Form(s):	Submission Form(s)	
-	Application Summary - (Version 1.0)	
	ation	
	OL/OA Project Application - (Version 1.0)	
₹		
	INVESTIGATOR SIGNATURE	
Amy Culpepper as Principal Investigator do you Approve or Deny this submission?	O Approve O Deny Comments:	
This form requires your electronic signature. Please enter your User ID & Password:	User ID.	

On the next screen you should see the message "CHRISTUS Health IRB Board received the submission".

				Rein Friendly
Status	View Details	Date Received / Date Completed	۲	Event Description
۵		08/20/2018 10:28 AM CDT	œ	CHRISTUS Health IRB Board received the submission
-		08/20/2018 10:28 AM CDT 08/20/2018 10:28 AM CDT	⊞	Send Email with Merge Code

If you are NOT the Principal Investigator please follow the steps below:

Click on Notify PI to signoff



On the next page complete the routing question and then click on Save and Continue

		Save and Continue
		\wedge
Does this s	whise additional routing for approval?	
boca una a		
0	YES - Click YES to select additional personnel for routing.	
۲	NO - Click NO to hypass selecting additional personnel for routing	

On the next screen you should see that the message "Principal Investigator review and apply signoff

Once the Principal investigator logs into iRIS and signs off on the submission it will be routed to the CHRISTUS Health IRB.

				👟 Print Friendly
Status	View Details	Date Received / Date Completed	œ	Event Description
٥	2	06/15/2018 04:22 PM CDT	⊞	Demo PI as Principal Investigator review and apply signoff
٩	8 Routing Assignment List	06/15/2018 04:22 PM CDT 06/15/2018 04:22 PM CDT	⊞	Assign Department Personnel for Signoff
1		06/15/2018 04:22 PM CDT 06/15/2018 04:22 PM CDT	⊞	Application Summary is waiting to be submitted

THE PRINCIPAL INVESSTIGATOR MUST SIGN OFF ON THE SUBMISSION PRIOR TO THE IRB RECEIVING THE SUBMISSION FOR REVIEW